APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

FOCUS ADJUSTI	TÉNT MECHÂNISM	tter which is claimed and for I FOR A VIDEO OR IM	AGE PICKUP APPÄRAT	US	
described and claimed in	the specification:				
Check one	•				
*a. [X] attache					
b. [] filed on		as Application Seria	l No a	and amended on	··;
			(if applicable)		
I hereby state th amendment referred to all	at I have reviewed and pove.	d understand the contents of the	e above-identified application	on, including the clain	ns, as amended by an
I acknowledge t with Title 37, Code of Fe filed within one year prior	deral Regulations, §	formation of which I am awar 1.56(a). Under Title 35 U.S. are hereby claimed:	e which is material to the ex Code §119, the priority ben	camination of this apparefits of the following	lication in accordance foreign application(s
Japanese Patent	Application No. 200	00-22615 filed January 31, 20	00		
The following	applications for pate than one year prior t	nt or inventor's certificate on o this application, or (b) before	this invention were filed i re the filing date of the above	in countries foreign to ve-named foreign pric	o the United States ority application(s):
2-If there are no correspondent "NONE".	onding applications,				
transact all business in th	the following as my e Patent Office:	attorneys of record with full p	ower of substitution and rev	ocation to prosecute	this application and to
Roger W. Parkh	urst, Reg. No. 25,17	7; Charles A. Wendel, Reg. N	To. 24,453; and/or Lawrence	e D. Eisen, Reg. No. 4	1,009
ALL CORR		E IN CONNECTION V			
(703) 739-0220.	VENDEL, L.L.P	., 1421 Prince Street, S	Suite 210, Alexandria,	, Virginia 22314-	2805 Telephone
Î baraby da da a	s About I bears were trees	4 4 4 4			
knowledge are true and the the knowledge that willful	at all statements made false statements and	d and understand the content e on information and belief a the like so made are punisha	re believed to be true; and fuble by fine or imprisonment	urther that these stater t, or both, under Section	ments were made with on 1001 of Title 18 o
the United States Code at	id that such willful fa	alse statements may jeopardiz	e the validity of the applicat	tion or any patent issu	ied thereon.
3 Typewritten Full Name	of				
Sole or First Inventor	Masaomi		Iiizumi		
	Given Name	Middle Initial	Family Name		
*4 Inventor's Signature	15 Onas	somi Suzumi	·		
5 Date of Signature	☞ January	25	2001		
Ü	Month	Day	Year		
6 Residence	Yokohama		Japan		
	City	State or Province	Country		
7 Citizenship	apanese				
8 Post Office Add (Insert complete address, including	mailing	Morinodai, Midori-ku, Yoko	ama 226-0029 Japan		

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

3 Typewritten Full Name		m 1"		A *1	
Second Joint Inventor (if	rany)	Toshiharu Given Name	Middle Initial	Aikawa Family Name	,
		Olveli Naine		rainity Name	
*4 Inventor's Signature	ß	Clockikaru	aikawa		
5 Date of Signature	us	January	25	2001	
5 Date of Signature		Month	Day	Year	
6 Residence		Yokohama		Japan	
		City	State or Province	Country	
	Japanese			1.007.17	<u></u>
8 Post Office Adda (Insert complete address, including	mailing		, Tsuzuki-ku, Yokohama 224		
3 Typewritten Full Name Third Joint Inventor (if a	of				
Time John Inventor (if a	iiiy)	Given Name	Middle Initial	Family Name	
*4 Inventor's Signature	☞	****			
5 Date of Signature	res				
		Month	Day	Year	
6 Residence		G.	G		_
7-Citizenship		City	State or Province	Country	
8 Post Office Add					-
(Insert complete					
address, includir 3 Typewritten Full Name					
Fourth Joint Inventor (if	OI Sanv)				
	unyy	Given Name	Middle Initial	Family Name	
*4 Inventor's Signature	æ				
5 Date of Signature	res				
is a		Month	Day	Year	
3 . 5			·		
6 Residence		City	State or Province	Country	_
7 Citizenship		<u> </u>			_
Post Office Addi (Insert complete address, includir	mailing				_
3 Typewritten Full Name Fifth Joint Inventor (if a					
Film John Inventor (II al	ny)	Given Name	Middle Initial	Family Name	
*4 Inventor's Signature	16F				
5 Date of Signature	us				
		Month	Day	Year	
6 Residence					_
7 Citizenship		City	State or Province	Country	
8 Post Office Adda (Insert complete address, including	mailing				
address, including			t the natural data of signing a	- 1: £	*Note to Inventors: Please

sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.